

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **30078**

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 508	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Clinton General Hospital				d. STREET ADDRESS (If rural, give location) 0171			
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle) D.		c. (Last) Stephens	
4. DATE OF DEATH		(Month) Sept		(Day) 28		(Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 2, 1876		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Orchardist		11. BIRTHPLACE (State or foreign country) Carrollton Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Lucinda Moore		14. NAME OF HUSBAND OR WIFE County Welfare Office			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS County Welfare, Osceola Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) angina pectoris DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH 5 da.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. -		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-24 , 1951, to 9-28 , 1951, that I last saw the deceased alive on 9-24 , 1951, and that death occurred at 11:00 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. Seivers M.D.		23b. ADDRESS Osceola Mo		23c. DATE SIGNED 9-28-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/28/51		24c. NAME OF CEMETERY OR CREMATORY Carrollton		24d. LOCATION (City, town, or county) (State) Carrollton Mo.	
DATE REC'D BY LOCAL REG. Sept-28-51		REGISTRAR'S SIGNATURE Florence Adams		FUNDAL DIRECTOR'S SIGNATURE J. B. ...		ADDRESS Osceola Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

FILED OCT 2 1951

RECEIVED 10-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-1-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

J. B. Gaudin

Licensed Embalmer No. 3038

P. O. Address *Quincy, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.